

**PROCEDURES FOR REQUESTING DEVIATIONS UNDER
RULE 340.1734, EFFECTIVE JUNE 6, 2002**

I. Bases in Rule and Department Policy for Considering Deviation Requests

A deviation is granted when the best interest of students with disabilities who are affected by the deviation is served, and when there is good cause.

A deviation is granted to provide reasonable flexibility to specific rules when unforeseen events make compliance with rules unfeasible. Deviations are not options for preplanning programs and services or for cost containment. Financial or hardship exemptions are addressed in statute (Section 380.1702 of the Michigan School Code).

A deviation may be granted for the current school year. Extensions for more than one school year may be granted due to extenuating circumstances and after individual case review.

A deviation is not granted to exclude a student with disabilities from participation in required special education programs and services.

A deviation is not granted to avoid or postpone correction of rule violations confirmed through Part 8 of the Revised Administrative Rules for Special Education (Complaints).

If a requesting district is out of compliance at the time of the request, and if the request is denied, the local educational agency/intermediate school district (ISD) must correct the noncompliant situation and provide the Michigan Department of Education (MDE) with a written assurance of correction within 30 *school* days of the denial.

A deviation is public information, provided that information allowing the personal identification of students has been deleted.

At the time the request is made, the ISD Parent Advisory Committee must be provided with a copy of the deviation request and, subsequently, with a copy of the MDE's response. [Rule 340.1734(1)(5)]

If the deviation pertains to a student, the local district of residence must receive a copy of the deviation at the time of its filing. [Rule 340.1734(1)]

II. Review Procedure

Initial requests should be complete and comprehensive with respect to the information that the applicant believes is sufficient to grant a deviation. A decision will be based solely on the information provided.

- A. Upon receipt of the completed request, the Office of Special Education and Early Intervention Services' (OSE/EIS) staff will review the request and prepare a recommendation.

- B. The decision is signed by the supervisor of the Policy, Planning, and Compliance Program on behalf of the director of the OSE/EIS (within 30 calendar days of receipt of the request).
 - 1. The decision will be either “granted” or “denied.”
 - 2. If the deviation is denied, the requesting party will receive a notice including a description of necessary corrective action and response due dates.

III. Contested Decisions

Any decisions on appeal will be based solely on the information provided at the time of the initial request unless additional information is solicited by the OSE/EIS. Do not send additional information pertaining to an appeal unless the information is specifically requested.

An appeal may be addressed to the Director, Office of Special Education and Early Intervention Services, P.O. Box 30008, Lansing, Michigan 48909.

While the State Board of Education (State Board) reserves its authority to review any administrative decision at the State Board’s discretion, the requesting district has no corresponding right to compel such a review.

Michigan Department of Education
Office of Special Education and Early Intervention Services
P.O. Box 30008, Lansing, Michigan 48909

SPECIAL EDUCATION DEVIATION REQUEST

PART A: REQUESTING DISTRICT ONLY

1. District Name: _____
2. Building(s) Name: _____
3. Building(s) Grade Level: _____
4. Type of Program/Service: _____
5. Program Level: Departmentalized Program ☐ Preprimary ☐
Elementary ☐ Secondary ☐
6. Contact Person: _____
7. Telephone Number: () _____
8. Teacher's Name: _____
9. Endorsement(s): _____
10. Rule Number: 340.17 _____
11. Rule Title: _____
12. Period of Time Deviation Needed:
Date From: _____ To: _____
13. Describe Request (attach all supporting information): _____

Signature of Requesting Superintendent or Special Education Director

Date _____

IF THIS REQUEST IS DENIED, NECESSARY CORRECTIONS WILL BE MADE WITHIN 30 SCHOOL DAYS.

PART B: ISD ONLY

14. ISD Name: _____
15. The materials submitted by the requesting agency have been reviewed: Yes ☐ No ☐
16. The ISD has completed Attachment E: Yes ☐ No ☐
17. The PAC will be given a copy of this request when it is submitted to the Department: Yes ☐ No ☐
18. ISD Contact Person if request is denied: _____
Telephone Number: (____) _____
19. The ISD: endorses ☐ objects to ☐ this request because: **(reason[s] must be stated)**

Signature of ISD Special Education Director

Date _____

PART C: MDE ONLY

20. The request is: granted ☐ denied ☐ withdrawn ☐ 21. Effective Dates: _____ to _____

On Behalf of the Director: Supervisor, Policy, Planning, and Compliance Program

Date _____

ALL DENIED DEVIATIONS MUST BE CORRECTED BY THE REQUESTING DISTRICT WITHIN 30 SCHOOL DAYS.

Forward the original to the Michigan Department of Education, Office of Special Education and Early Intervention Services

Upon MDE-OSE/EIS decision, the three returned copies should go to the ISD, the requesting district, and the PAC.

A DEV form must be completed for each deviation request. ONE REQUEST PER FORM. Attachments must be included with the DEV to provide particular supporting information. These attachments will differ depending on the rule involved with the request.

A - Class schedule

B - Hourly class size in departmentalized program

C - Resident district

D - Teacher's statement

E - ISD statement

Other - Footnote

Rule Number	Description	Attachments to DEV					
		A	B	C	D	E	Other
R340.1721c(2)	Post initial IEPT time line			X		X	
R340.1722a(1)	Time line for implementing the IEP			X		X	
R340.1722e	IEPT time line for students enrolling from other school district			X		X	
R340.1733(a)	Classroom square footage; Space for ancillary services			X	X	X	
R340.1733(b)(c)(d)(e)(f)	Student age range at any one time	X		X	X	X	
R340.1738(a)	Staffing pattern for SCI classroom programs	X		X	X	X	
R340.1739(b)	Staffing pattern for MoCI classroom programs	X		X	X	X	
R340.1740	Caseload and per period student maximums - MiCI	X	X	X	X	X	
R340.1741	Caseload and per period student maximums - EI	X	X	X	X	X	
R340.1742(a)	Caseload and per period student maximums - HI	X	X	X	X	X	
R340.1743	Caseload and per period student maximums - VI	X	X	X	X	X	
R340.1744(1)	Caseload and per period student maximums - PI or OHI	X	X	X	X	X	
R340.1745(c)	Caseload - speech/language instructional service	X		X	X	X	*
R340.1746(a)(c)(e)	Time line for initiating homebound & hospitalized services,	X		X	X	X	
	maximum caseload, and minimum hours of instructional services						
R340.1747	Caseload and per period student maximums - LD	X	X	X	X	X	
R340.1748(1)	Staffing pattern for SXI programs	X		X	X	X	
R340.1749(2)	Caseload - TC	X		X	X	X	
R340.1749a	Caseload and per period student maximums - elementary RR	X		X	X	X	
R340.1749b	Caseload and per period student maximums - secondary RR	X	X	X	X	X	
R340.1749c	Caseload, over average of ten - Departmentalized	X	X	X	X	X	
R340.1754(a)	Age range for early childhood special education classrooms	X		X	X	X	
R340.1754(c)	Caseload and per session student maximums - early childhood	X		X	X	X	
R340.1756(1)(b)	Caseload and per student maximums - speech/language program	X		X	X	X	
R340.1757(a)(b)(d)	Time line for initiating programs, or providing notification, and the	X	X	X	X	X	
	number of students in the classroom in juvenile detention facilities						
R340.1758(1)(a)	Caseload and per period student maximums - AI	X	X	X	X	X	

***On the requesting district statement:**

1. List each affected student's name, age, and grade level.
2. Provide copy of current job posting (to schools, institutions, and other agencies) and/or evidence that there have been attempts to secure the needed therapist.
3. Provide copy of notification to involved parents regarding their right to reimbursement should they contract with private therapists.

Classroom Schedule

Teacher: _____

Aide Name _____

Classification: (a) Classroom, (b) Instructional Aide
(c) Health Care, for whom

(1)	_____
(2)	_____
(3)	_____
(4)	_____

Type of Program: _____

Is an aide assigned to program? ☐ Y ☐ N

A.M.			P.M.		
9-10	10-11	11-12	Lunch	1-2	2-3

Student Name	Age (Yr-Mo)	Grade	Disability	By placing an X, indicate the time that students are in this program by period:							
1.				1	2	3	4	5	6	7	8 FTE
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											

If you have any questions regarding this page, please contact the Policy, Planning, and Compliance Program, Office of Special Education and Early Intervention Services, at (517) 373-1696.

Class Schedule (Departmentalized Program Only)

Note: This form must be filled out for all period(s).

Teacher: _____

Instructional Aide: _____

(a) _____
(b) _____
(c) _____

Period _____ Subject _____

	Student Name	Aide ^{Age} (Yr-Mo)	Grade	Disability
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Period _____ Subject _____

	Student Name	Aide ^{Age} (Yr-Mo)	Grade	Disability
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

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Requesting District Statement

District Name _____ Date _____

Rule # _____

Describe why the deviation is needed and when need became known.

Describe alternatives that were explored and why each was rejected.

Provide all other information or special circumstances that should be considered regarding this request.

List any deviations for this classroom (approved or denied) by case number:

a) During previous year:

b) For present year:

Describe all the beneficial and detrimental effects granting this deviation will have on all the students affected.

Date

Requesting District's Designee

NOTE: The initial decision or subsequent decision on appeal will be based solely on the information provided with this request. Therefore, all supporting documentation must be included when it is initially submitted. Attach extra pages if necessary.

Teacher's Statement

Describe any effects this deviation would have on the individual student for which the deviation is requested, other students who are disabled in the classroom, and staff ability to meet educational needs:

a) Beneficial:

b) Detrimental:

Provide all other information you see as pertinent:

Considering all of the factors precipitating this request, I do ☐ do not ☐ support granting this deviation.

Total Years Teaching Experience: _____

Teacher's Signature

Date

ISD Statement

Describe the program and/or service alternatives explored with the requesting district.

Please indicate any unique needs which support the need for this deviation. Why is it necessary?

I will assist the requesting district in coming into compliance should the request be denied.

Date

ISD Special Education Director

NOTE: The initial decision or subsequent decision on appeal will be based solely on the information provided with this request. Therefore, all supporting documentation must be included when it is initially submitted. Attach extra pages if necessary.